

<b>REQUEST FOR ORAL HEARING</b> <b>BEFORE</b> <b>THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		<b>Docket Number</b> Q94564
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ Signature _____ Typed or printed name _____	In re Application of <b>Fabien POULARD</b> <hr/> Application Number 10/577,850 <div style="float: right; text-align: right;">           Filed            May 24, 2007         </div> <hr/> For <b>FLUID PRODUCT SPRAYING DEVICE</b> <hr/> Art Unit 3771 <div style="float: right;">           Examiner            Christopher James BLIZZARD         </div>	
Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.		
The fee for this Request for Oral Hearing is (37 C.F.R. § 41.20(b)(3)) <span style="float: right;">\$1080.00</span>		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: _____		
<input checked="" type="checkbox"/> Payment by credit card.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.		
<input type="checkbox"/> A petition for an extension of time under 37 C.F.R. § 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.		
<b>CORRESPONDENCE ADDRESS</b> <i>Direct all correspondence to the address for SUGHRUE MION, PLLC filed under the Customer Number listed below:</i> WASHINGTON OFFICE <div style="font-size: 1.5em; font-weight: bold;">23373</div> CUSTOMER NUMBER		
I am the		
<input type="checkbox"/> applicant/inventor.	_____ /Dion R. Ferguson/ Signature	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	_____ Dion R. Ferguson Typed or printed name	
<input checked="" type="checkbox"/> attorney or agent of record. Registration number 59,561	_____ (202) 293-7060 Telephone number	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	_____ October 25, 2010 Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		

☒ \*Total of 1 form is submitted.